

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on October 24, 2003.

### **I. DISPUTE**

Whether there should be reimbursement for CPT Code 99244 for date of service April 30, 2003.

### **II. RATIONALE**

- CPT Code 99244 for date of service April 30, 2003, denied as “N – Documentation does not support the service billed”. Per the 1996 Medical Fee Guideline, Evaluation & Management Ground Rule (IX)(A) submitted relevant information does not support the services were rendered as billed. Reimbursement is not recommended.

### **III. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT code 99244.

The above Findings and Decision is hereby issued this 13th day of April 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf